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CONFIRMATION NO. 6477

<b>SERIAL NUMBER</b> 10/087,042	<b>FILING OR 371(c) DATE</b> 02/28/2002 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3771	<b>ATTORNEY DOCKET NO.</b> 383-9U1	
<b>APPLICANTS</b> W. T. Gurnee, LaJolla, CA; Juan Jose Garay, S. Diago, CA;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/272,416 02/28/2001 <i>yes/QT</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>None/QT</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 04/04/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 16	<b>TOTAL CLAIMS</b> 34, 17	<b>INDEPENDENT CLAIMS</b> 9
<b>ADDRESS</b> 570					
<b>TITLE</b> Hyperbaric oxygen therapy system controls					
<b>FILING FEE RECEIVED</b> 748	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		